

NESHANNOCK TOWNSHIP SCHOOL DISTRICT Office of the Superintendent

Employee Request for Family or Medical Leave

I am requesting a leave of absence under the Family and Medical Leave Act of 1993.	This leave is
needed to take care of family/medical leave due to:	

the birth of a child or placement of a chi	ild with you for adoption or foster care; or
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_____ a serious health condition that makes you unable to perform the essential functions of your job; or

_____ a serious health condition affecting your ______ spouse,

_____ child,

_____ parent, for which you are needed to provide care

I will use the following sick/personal days prior to my effective leave date:

# of days I will use:	Personal	Date/Dates		
	PTS Day	Date		
	ILL	Date/Dates		
Following use of the above days, my leave request shall then become effective				
I anticipate returning	to work			

The required Certification of Health Care Provider is attached to my request for leave.

Sincerely,

Employee

Position

Building

Date